

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001087	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/17/2023
NAME OF PROVIDER OR SUPPLIER: RIVERVIEW AMBULATORY SURGICAL CENTER, LLC STATE LICENSE NUMBER: 11911500			STREET ADDRESS, CITY, STATE, ZIP CODE: 423 THIRD AVENUE, SUITE D KINGSTON, PA 18704		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0000	<p>INITIAL COMMENT</p> <p>This report is the result of special monitoring survey conducted on July 17, 2023, at Riverview Ambulatory Surgical Center, LLC which included closure of the facility located at 423 Third Avenue, Suite D, Kingston, PA 18704. Effective date of closure July 16, 2023. Based on the survey, it was determined the facility was in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 Pa Code, Part IV, Subparts A and B, November 1987, as amended June 1998.</p>	S 0000			

(X6) DATE:



Certified End Page

RIVERVIEW AMBULATORY SURGICAL CENTER, LLC

STATE LICENSE NUMBER: 11911500

SURVEY EXIT DATE: 07/17/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in cursive script that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in cursive script that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY